

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LX.

THURSDAY, MARCH 10, 1859.

No. 6.

"THE WOMAN WHO LIVES WITHOUT EATING."

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Having seen several notices of the above case in newspapers, and hearing still more from persons who had seen this "living miracle," I made her a visit a few days since, for the purpose of learning more fully and accurately her real state.

Her name is Betsy Hays. She lives in the town of Horicon, Warren County—some sixty miles from our village (Saratoga Springs).

I found her lying upon her back, with her head drawn so far over that I could only see her chin, her face looking back toward the walls of the room. The first impression on seeing her, was such as one gets from a severe case of hysteria. She seemed generally convulsed, tremulous, and rigid. She had been in this condition for a long time. I learned from those who often see her, as well as from her husband, that she usually presents the same appearance. She looks fresh, and is not emaciated. Her body is warm, and the skin very clear and soft. Her respiration is very irregular. The pulse was small and threadlike, but I found it difficult to ascertain accurately its frequency, so constantly were the muscles moving. I should think it something over a hundred. Her husband (who seems a simple, honest-minded man) told me her age was 28, and that she had never been sick—until about four years ago, when her present illness commenced—except at her confinements. She is the mother of four children.

Four years ago, she was taken with pain in her back and hips, inability to walk, in fact with all the symptoms of falling of the womb. This was in November. In June following she became worse, lost her eyesight, and in July was taken with spasms. These increased in violence. They would sometimes last for weeks; then she would recover consciousness, converse, take some light food, and again relapse into the same state.

For the space of two years from last June, she has not taken any food of any kind or description. She took a tablespoonful of cold water once in a few days, until February, *two years ago*—

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since which time she has *neither ate nor drank*. Her respiration, which I said was irregular, is at times apparently suspended for an hour and even more than that, often for fifteen or twenty minutes. Her face and neck become very livid at such times, and there is a choking sound in the throat. During the spasms, she sometimes raises herself up in bed, her head still thrown backward, and then down again on the pillow with great force.

She has had no dejections from the bowels, nor any secretion of urine, for the *last two years*. Her feet are cramped, and most of the time the left foot rests upon the instep of the right. Her toes are drawn under and imbedded in the flesh, and her feet are drawn under to such a degree that they present almost the appearance of *club feet*. The left hand, with the fingers tensely flexed, is pressed against the left side, where it permanently remains. It required great strength to raise it an inch from her body. The right hand is cramped and the fingers flexed, but she is continually striking her stomach with it, when the spasms are violent. At such times her jaw is dislocated and thrown into its place with great rapidity, making a noise that can be heard across the room.

Such is the state of this extraordinary woman. We can dispose of the case very easily by saying that it is one of "successful fraud and deception," as the State Medical Society have just done at their annual meeting in Albany.

The Society, no doubt, came to such conclusions by the evidence placed before them; but as one of your best jury lawyers in Massachusetts said, "he wanted to *see* the testimony as well as hear it," so, in this case, one cannot tell all about it. You want to see it; you want to see the room, the husband and children, and talk with them, the neighbors, and those who have seen the most of this wonderful woman; you want to put your hands on those rigid muscles, and then watch the suspended breath, with the whole body quivering with the tenseness of the convulsions until you are obliged to turn away for your own relief. I say one wants to see all these phenomena, and then learn that there can be no motive for the deception, no reward for all this suffering, no object, no inducement. One wants to see all this, and he will be strongly inclined to call it *no fraud*.

An article in *Blackwood's Magazine*, and republished in the April number of the *Eclectic Magazine*, on the "Phenomena of Hunger and Thirst," relates several such cases, some of which lived from four to eight years. They were mostly reported in the *Philosophical Transactions*. The writer disposes of them in this manner: "It is rather startling to find so learned a physiologist as M. Bérard recording such cases, and trying to explain them. The possibility of deception and exaggeration is so great, that we are tempted to reject almost every one of these cases, rather than reject all physiological teachings." But, M. Bérard says:—

"Admitting that there has been deception in some of these cases, and that the love of the marvellous has presided over the narration of others, we cannot refuse to believe that some are authentic. Every year such cases are registered."

L. E. WHITING.

Saratoga Springs, Feb. 22, 1859.

LECTURES ON ASTHMA.

DELIVERED AT HOTEL DIEU, BY PROF. TROUSSEAU.

[Translated from the *Gazette des Hôpitaux* of Oct. 8th, 1858, for the *Boston Med. and Surg. Journal*.]

LECTURE V.—THE DIATHESIS WITH WHICH IT IS ASSOCIATED.

I HAVE said, in the preceding lecture, that asthma is a nervous disorder, most commonly associated with a chronic diathesis; it is this which I propose to try to demonstrate at the present time.

Permit me, while on this subject, to enter into some details which will not be without interest. A man is attacked with asthma at the age of 50. Up to that time he had never had an attack, but in his youth he had had a manifestation of an impetiginous, or herpetic diathesis; he had been subject to eczemas, the most common sign of this diathesis. Nothing is more common, also, than the change of rheumatism or gout into asthma. I have known a woman to have attacks of gout and asthma alternating very regularly with each other. Sometimes two attacks of gout succeeded each other; at other times there were two attacks of asthma, or perhaps an attack of one supervened on an attack of the other. Never had she at the same time both diseases.

Thus gout, rheumatism, gravel, hæmorrhoids, cutaneous eruptions, are the diseases which may replace asthma, and which asthma may replace, as the different expressions of the same diathesis. There is still another affection which should be mentioned—it is headache.

Many of the subjects of periodic headache are gouty, or rheumatic, or affected with hæmorrhoids, or were born of parents who were so. As an example of these constitutional changes I will cite the following fact, the first which struck my attention at the beginning of my practice.

I was on terms of intimacy with an English major, who for a long time had been subject to turns of headache, which returned with such regularity every second Wednesday that he knew, almost to an hour, when the attacks would come on. These were so regular that—a still more extraordinary circumstance—he knew when they would terminate. They lasted some hours and then left him in a state of perfect health. These headaches, of which he had felt the first attacks during his residence in the Antilles, still occurred when he visited Paris, where I made his acquaintance. He was heartily tired of them, and begged me one day to rid him of them at any cost. This was in 1824. I was then ignorant of the

true nature of these headaches, and, in compliance with the advice of some of my confrères, I made my patient take the Scotch pills in large doses. Under the influence of these repeated purgatives, the attacks lost their periodicity, but the health of the Major was far from improving. Before, when the attack was over, he found himself in a state of comfort which contrasted with the malaise which he felt when they were coming on. It was with him as with those who are under the influence of a gouty, rheumatic, hæmorrhoidal, or other diathesis; their attacks, preceded by a general condition of discomfort often indefinable, are consolations to them in this respect, that their crises are but necessary evils.

My patient established himself for the season at Fontainebleau, where I went to see him from time to time. One morning he aroused me to show me his foot, from which he was suffering atrociously. I found swelling, with considerable redness; it was very plainly an attack of gout. Not knowing yet how these turns should be regarded—not knowing that periodic headache and gout are sisters—submitting, in spite of the principles of my medical education—submitting to the influence of the doctrines of Broussais, then in vogue, I had recourse to his antiphlogistic treatment. Thirty leeches, emollient poultices sprinkled with laudanum, were applied to the part; the gout yielded, but from that day the patient lost his usual good health. A second attack had the character of mild, atonic gout; and not only his health was impaired, but his moral nature, his intelligence, were affected and modified. My patient lost his vivacity and buoyancy of spirits, he became dull, heavy and indifferent. Finally, he had an attack of apoplexy, and two years after he succumbed to a second attack.

Here you have a demonstration of the transformation of periodic headaches into gout; I will give you instances of other similar transformations, and particularly of the change of cutaneous affections, rheumatism, gout, gravel, hæmorrhoids and periodic headache into asthma. You will have occasion, only too often, in watching your cases, to observe these changes.

There is another diathesis, different from those of which I have been speaking to you, of which asthma may be the manifestation—it is the tuberculous diathesis.

Tuberculous parents may give birth to asthmatic children, and asthmatic parents may give birth to tuberculous children. It is remarkable that asthma, which seems so slight a thing in regard to the organic lesion which accompanies it, when it does not cause emphysema, answers, under some circumstances, to a constitutional affection with so considerable a local expression as the tuberculous diathesis.

To return to the eczematous, rheumatic, gouty, hæmorrhoidal, &c., diatheses, it is also remarkable that when the patients have not, at the usual time, the manifestations to which they have been accustomed—an attack of articular gout in the gouty, a hæmorrhoi-

dal flux in those who have been accustomed to it—they experience, in a great number of instances, in very great severity, troubles of the nervous system, spasms of the stomach, or intestines, or hypochondriasis, which often indeed precede, but in a less degree of intensity, the regular attacks. These spasmodic accidents take the form of asthma, when they have for their seat the pulmonary apparatus.

By one of those strange coincidences which we often see in hospitals, a man who entered our wards on the 9th of August last, gives us an example which may serve for a complete demonstration of all that I have said.

This patient, aged 31 years, has been asthmatic since the age of 13. Up to that time, he had not felt the slightest symptom of that affection. Living with children of his own age, he entered into their sports, ran as well as they, gave himself up like the rest—without feeling the least inconvenience—to all the games of childhood. His first attack came on without any appreciable cause. He was taken at three o'clock in the afternoon, and the attack lasted four or five hours, assuming, according to the account which he has given me, the form of a catarrh of such intensity as to cause great anxiety to his family and physicians.

Five years after, these attacks of asthma took a more regular form. They came on always about the same time, between one and two o'clock in the morning. You will at once observe the circumstance on which I have so much insisted with regard to the hour of the appearance of these attacks. The patient has told us, and you have heard him, that generally these attacks came on violently on those occasions when, on retiring, he shook up the straw mattress of his bed; they were occasioned, he added, by the dust which he breathed during this operation. Ordinarily the attack was not renewed, and the patient remained six months without a repetition. At present they return more frequently, about every six weeks, and last three days; that is to say, during three days he suffers continual discomfort, a sense of constriction in the chest, which makes it impossible for him to work, coming on at night with renewed intensity, usually diminishing at daylight, but sometimes increasing in severity at that time.

A remarkable fact, which this man has of his own accord pointed out to us, is, that his expectoration presents characters essentially different before and after the attack. While it lasts, there is no expectoration; before, it is made up of small sputa, thick and globular, which he compares to the germ of a hen's egg, and which consequently present all the characters of the pearl-like sputa; after the attack the sputa are muco-purulent; you have seen them in the cup; they differ in no respect from those of the most simple catarrh.

With regard to the expectoration, the fact of the sputa being pearl-like before the attack, that is to say, when there is no dia-

comfort nor oppression, consequently no asthma, while the dyspnea is not accompanied by any expectoration, and is followed by a catarrhal expectoration of the most simple character—with regard to the expectoration, I say, this case is an example directly opposed to theory of M. Beau.

In this case also you will be reminded of what I have told you of the different forms of this disease in childhood and adult age; what I have said of its time of appearance, and its course; you will also notice the relation of his disease to his diathesis. For this man, born of a gouty mother, and an epileptic father, has been himself subject to headaches.

Considering that this man has been affected with asthma since the age of thirteen, and is now thirty-one, we should anticipate the existence of pulmonary emphysema as a sequel; we have, in fact, found all the signs of it.

Finally, this case is as yet incomplete in regard to what relates to treatment. When the attack comes on, our patient springs from his bed, heats some water, and immediately takes a foot-bath, which ordinarily relieves him. At other times he is obliged to go to the window, whatever the weather may be, whether hot or cold, and the fresh night air relieves him. If asthma were a catarrh, would such treatment help him? Stramonium has been to him but a feeble resource, and he has suffered great inconvenience from the use of ammonia, of which I shall speak presently. Here you will find that asthma has its therapeutic freaks, just as before you have seen it has its pathological freaks. Like all nervous disorders, indeed, this disease often yields to very different means, according to the individual case, and these means experience alone indicates to the patient and his medical attendants as beneficial.

We have seen that usually asthmatics seek the fresh air; there are some, on the contrary, who find no relief to their attacks but by turning their backs directly to a blazing fire, and our patient has told you that a warm foot-bath relieves him. If it were necessary to cite here all the remedies, more or less extraordinary, to which some of these patients have recourse to cut short their attacks, we should have a long list indeed. I have known one of them, a brother of the old Chancellor of the Chamber of Peers, who, when he was taken with asthma, was accustomed to light in his chamber four, five or six carcel lamps, from which he found immediate relief. Another patient, subject to diurnal attacks, mounted his horse, and, starting off at a fast trot against the wind, obtained relief.

These are strange facts to be sure—exceptional; but it was important to mention them, for they are new proofs of the essentially nervous character of the disease.

S. L. A.

VESICO-VAGINAL FISTULA CURED BY SILVER SUTURES.

BY C. M. RUBLEE, M.D., MONTPELIER, VT.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. H—, aged 32, of good health, consulted me on account of a vesico-vaginal fistula. Six years ago she was delivered of her first child by instruments.

Upon examination, I found the fistula, situated about one inch and a half behind the meatus urinarius, and three fourths of an inch in length. From the birth of her child until she was operated upon, all the urine passed through the fistula. Occasionally, when in a horizontal position, there was no escape of urine for two or three hours; but when in an erect position, it was constantly dribbling, causing great distress.

The fifteenth day of January last, assisted by Drs. Clark and Joylin, I operated, with entire success. Eight sutures were required. The edges of the fistula were freely removed, also the mucous membrane of the vagina, for about one third of an inch, thus presenting a large surface, with a view of increasing the chance of union. The needles were entered half an inch anterior to the scarified edge of the fistula, so as to include the entire denuded surface, pushed deeply into the vesical septum, carried across to the opposite side at a point corresponding with its direction anteriorly, and the sutures twisted so as to bring the edges of the fistula into exact apposition. The operation completed, a self-retaining catheter was passed into the bladder, the patient was placed in bed, and allowed to lie on either side, or on the back.

The fourth day an examination was made, and the fistula appeared to be perfectly closed, and the urine all flowed through the catheter. Patient very comfortable.

The sutures were not removed until the eighteenth day, neither was there during this time a movement from the bowels, as a sufficient quantity of morphine was given to prevent it. The next day after the sutures were removed, the patient was allowed to sit up a portion of the time, but was to continue the use of the catheter. The fistula was entirely closed, and appeared to be firm, and all the urine passed through the catheter. The patient reports herself well as ever, with the exception of some irritability of the bladder, and has not yet gained entire control over the meatus, but is not obliged to use the catheter.

This is the third operation which has been performed upon this patient. The first was in May last, another in August; both operations completely failed. The first was done with silver sutures, and all was right until the third day, when the catheter was allowed to get obstructed, the bladder filled with urine, and so much pressure was produced as to tear out the stitches. Had I introduced the sutures, as I ought, at a greater distance from the edges

of the fistula, and pushed the needles deeply into the vesical septum, I have no doubt that the result would have been favorable.

The second operation failed, as I am quite sure, in consequence of a mistake on my part, in not extending the scarifications sufficiently upon the vaginal surface around the fistula. Again, I think eight sutures were required, instead of four, the number used.

While in New York, the past winter, I had an opportunity of witnessing an operation for vesico-vaginal fistula, by Dr. Sims, and I take pleasure in saying, that I attribute the success I have had in this case entirely to my adopting his mode of operating. I am very confident that nearly every case of vesico-vaginal fistula can be cured by faithfully adopting those principles of treatment laid down by him.

Montpelier, Feb. 15, 1859.

PUMPKIN-SEEDS IN TAPE WORM.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In your valuable JOURNAL of Oct. 8th, 1851, is an article "On Cure for Tape Worm," which I have recently had occasion to look up, and, fortunately finding, I sent it to a suffering lady in Plymouth, on Friday evening last, together with the seeds of a marrow squash, as a substitute for the seed of the Cuba pumpkin, which latter was not to be found, after diligent search—together with a few lines of explanation and encouragement to make the trial. Yesterday, the husband of this lady called on me to express the overflowing measure of his gratitude, as also the gratitude and thanks of his wife, for the interest which a stranger to both had so unexpectedly taken in her case of eighteen months standing, and to relate to me the entire success of the trial. The remedy was taken on a fasting stomach, and in about eight hours the patient was relieved, on the 13th inst., by the unconditional surrender of the enemy; and I have the husband's promise that the larger part, with the head, shall be sent to me. He estimates the entire length at about ten yards. Several parts and pieces were thrown away; that retained in a glass jar, being only about half the entire length.

Deeming it desirable that the knowledge of this very simple and efficacious remedy should be spread broad-cast through our community, I beg to ask your consent to re-publish the said article in one or more of the evening papers of this city.

Your friend, truly,

RICHARD SOULE.

Boston, Feb. 15, 1859.

[The following is the Recipe referred to by Mr. Soule, and is re-printed here, for the benefit of any who may be disposed to try it as a simple remedy in a most troublesome complaint.]

Cure for Tape Worm.—Procure sufficient seed of the pump-

kin (those grown in the West Indies are the best) to make two ounces after removing the outside shell of the seed; put them into a mortar and add half a pint of water; pound them well up, and make a liquid orgeat of them, which strain through a cloth. Drink this mixture in the morning on a fasting stomach. If it does not operate in the course of an hour and a half, take one ounce of castor oil. Drink all the time as much fresh cool water as the stomach can bear or contain; that is, drench yourself with water. After taking the orgeat, if the stomach is well rubbed with ether, and an injection of about 60 drops of it is taken, you will find it an assistant to the orgeat, but this may not be necessary. Should the first application of the remedy not answer, repeat it the next morning, and there is no doubt your complaint will be removed. The worm will leave the patient all at once, and probably entire. This can be ascertained by finding the small end or head of it, which tapers off almost to a point.

CONVULSIONS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS.—Jan. 10, 1859, I was called to go five miles to see Mrs. C., aged 29, in labor with her first child, having convulsions, and being in the care of a midwife.

On my arrival at the house I was told that she was better, but before I had entered her room or five minutes had elapsed, she went into another fit which was truly frightful. Seeing at a glance that she was a strong plethoric subject, I lost no time in taking thirty ounces of blood, she, all the while, remaining under the influence of the convulsion, and wholly insensible. On examination, I found the head of the child had passed to the lower strait of the pelvis, and being told that it had remained some time in that position, and that she had been in active labor for seven or eight hours, I proceeded at once to deliver with forceps. After having attended to the delivery of the placenta and checking the flowing, which was considerable, I gave chloric ether, 3 i., opii, gr. i., and applied snow to the back of the head and neck, which was kept up for an hour or more; and in about half an hour from the time of administering the ether and opium, gave tr. aconite, gr. i. in water, and repeated the dose once or twice, at intervals of twenty or thirty minutes, her pulse being frequent and full. In the course of the night consciousness gradually returned, and by 8, next morning, she was in a comfortable condition, having had no more severe convulsions after delivery. With one drawback in her case, everything proceeded to entire satisfaction from that time forward. Owing to a lack of assistance, such as was needed (our midwife taking exceptions at my proceedings, and there being no one else present to rely upon), the perinæum was

not properly supported and became somewhat seriously lacerated, though not to the extent of destroying the action of the sphincter ani, or, with present prospects, of any permanent inconvenience.

The child, as might be expected, was dead when delivered. It was a male, and the head, as well as I could judge without measurement, was rather larger than the average. This woman had been having pains all through the day and night of the 9th, and I was told that the membranes ruptured in the middle of the night of the 9th, but strong expulsive pains commenced, as near as I could learn, about 12, M., or a little later, on the 10th. Her health, previous to this confinement, had always been good.

Plainfield, Ill., Feb. 10, 1859.

P. K. G.

PARASITICAL DISEASE OF THE SCALP.

BY P. PINEO, M. D.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case is new to me, and seems of sufficient interest to report to your valuable Journal, which comes to us weekly, filled with excellent matter. I have received its weekly visitations for nearly twelve years, and you will pardon me for saying, that never has it more fully answered the wants of the general practitioner than under its present able management.

Mrs. B., nearly six years ago, received a severe blow on the sinciput, near the coronal suture. About three weeks subsequently, a pustular eruption appeared on the scalp, which has continued to trouble her in spite of all treatment instituted by the many physicians whom she has consulted.

I was called to see Mrs. B., about one year ago, and found pustules on the scalp, in different stages of development and decline, conical, with more or less infiltration about the base.

From 2 to 6 or 8 of these pustules appeared at a time, attended with peculiar, uncomfortable sensations, and darting pains; they would suppurate, the hair fall out, and gradually diminish and disappear, to be followed by successive crops. The age of the lady is about 50 years, and she enjoys in other respects tolerable health, although somewhat anæmic. I diagnosticated the case to be an impetiginous disease. Prescribed an alterative and tonic treatment, with an alkaline lotion to the scalp, and frequent washing with soap, and friction with citrine ointment.

After a few months treatment, the patient not improving, I advised the pustules to be laid open freely, as we would treat a furunculus. This practice was followed faithfully for months. The changes of the different alteratives and tonics were faithfully rung, but the disease still persisted, with little or no alteration. I consulted many physicians, who coincided with the general plan of treatment.

In January, while in Boston, I consulted Dr. Bowditch, and other physicians. Dr. B. advised me to call upon Dr. J. C. White, at the *Hotel Pelham*, who has recently returned from Vienna, paying him the handsome compliment of saying, "if any one would give me valuable suggestions, he would."

Dr. White thought, from the history of the case, it was probably a parasitical disease of the hair-bulbs, which the microscope would determine definitively. The process of cure would be to pull out the hairs and apply absolute alcohol.

On my return home, a further examination of the case convinced me that Dr. White's diagnosis was the true one.

The consultation with Dr. W., I stated to my patient, and advised pulling the hair with hair-forceps, and applying alcohol.

So faithful was she in following my directions, that she and her husband have already pulled almost every hair from the head.

My patient and her friends stated to me that the enlarged hair bulbs could be seen to move very plainly, on holding them near the light. The sensation in the pustules is described by the patient "as though there were living creatures there, wriggling about."

The evidences were such that I did not deem the microscope necessary to decide its parasitical nature.

In connection with the above treatment, she takes powdered colombo, super-carbonate of soda, and precipitated carbonate of iron. The case now promises a speedy recovery.

Queechy, Vt., March 5, 1859.

Bibliographical Notices.

A Practical Treatise on the Diseases of Children. By D. FRANCIS CONDIE, M.D., Fellow of the College of Physicians; Member of the American Medical Association; Member of the American Philosophical Society, etc. Fifth edition, revised and enlarged. Philadelphia: Blanchard & Lea. 1858. Pp. 762.

This excellent treatise was first published, we believe, in 1853; and its having attained to a fifth edition since then, is sufficient proof of its popularity and the reliability of its teachings. Dr. Condie is well known as an excellent practitioner and a thorough student; and he has favored the profession with many evidences of his powers as an observer and his skill as a writer. We believe that practitioners will find the present work all they can desire in regard to the very important topics of which it treats. We need not specify either its arrangement or its various subjects—these are already well known. It will be sufficient to present the author's statements in regard to this edition—statements we are entirely willing to take from a gentleman of his character; for we do not think him one of that class of writers who *profess* to have "thoroughly revised," etc., etc., without having done so, and whose "new editions" are too frequently only the old one with a new title-page. In the advertisement to the present edi-

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tion, we read as follows:—"To present a complete and faithful exposition of the pathology and therapeutics of the maladies incident to the earlier stages of existence—a full and exact account of the diseases of infancy and childhood, has been the aim of the author of the present treatise. For the furtherance of this object, in the preparation of a fifth edition, the entire work has been subjected to a careful and thorough revision—a considerable portion of it has been entirely re-written, and several new chapters have been added.

"In the different sections will be found incorporated every important observation in reference to the diseases of which they treat, that has been recorded since the appearance of the last edition; and in the several new chapters, an account of some affections omitted in former editions, and for the accurate description and satisfactory management of which we are indebted mainly to the labors of recent observers."

We are constrained to remark an omission, and, as it seems to us, one of signal importance, in the section devoted to the consideration of the asphyxia of new-born infants—viz., that no mention is made of the postural, or Marshall Hall method for resuscitation—a method which has now become so familiar and so successful, throughout the world we may say, not only for the removal of the asphyxia of submerged persons, but, in very numerous cases, also, of that of the apparently still-born. Excellent as the mode of insufflation is, we should not, ourselves, even think of it, in these cases, at the present day. We have had a few opportunities of trying the postural method and such as were fair test-cases, and nothing could have been more satisfactory. Indeed, in these instances, it was far easier and more rapid than the process by insufflation. Dr. Condie's omission is the more noticeable, because, in his very complete list of the authorities referred to in his volume, he cites Dr. Hall upon other subjects. We think we cannot have passed over a reference by our author to this method, since we have scrutinized his pages closely and with much satisfaction. We rather insist on this point, because we believe the measure one which ought to be tried among the first, if not the first, instead of the last, in these cases; and we hold it to be superior to the inflation-process which our author puts at the head "of all the means employed in cases of suspended respiration in new-born infants."

The work is admirably printed, in the usual style of the enterprising publishers, and is for sale by Messrs. Brown, Taggard & Chase, Ticknor & Fields, and we presume at other book-stores in this city.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY. CHARLES D. HOMANS, M.D., SECRETARY.

Foreign Body in the Air-Passages for five weeks. Case reported by Dr. A. B. HALL.

The patient was a boy of 15 years. His health was usually good, save that at times he suffered from slight cough. May 7th, he was eating pork steak for dinner, and, while in the act of laughing, was suddenly attacked with a violent paroxysm of coughing. His face

became suffused, purple, and he exhibited the signs of partial strangulation. Upon recovery, he said that he had swallowed a bone. No attention was paid to this remark, though his respiration continued to be more hurried than ordinarily. After dinner, he went to his work, but coughed much on the way, and vomited what he had eaten, and the next day was obliged to stay in the house. Symptoms of bronchitis appeared, his appetite failed, his breath became offensive, and he had night sweats, together with a desire to raise something which would not come up.

In a week, the patient was seen by a physician, who, not suspecting the existence of a foreign body in the lungs, prescribed for the bronchial inflammation.

He was first seen by the reporter on May 31st. At that time he had a pulse of 90, some fever, respiration a little hurried, tongue coated, cough and some frothy expectoration, no appetite, and he had lost some flesh. Nothing was noticed in the examination of the chest to lead to a suspicion of the true cause of the disturbed state of the system. Expectorant remedies were ordered, with rest, until the feverish excitement should subside.

He soon became better, the cough and expectoration diminished, the appetite returned, and he seemed annoyed only by an occasional fit of coughing. In one of these, June 11th, thirty-five days after the first attack, he expectorated a solid substance, upon seeing which, he exclaimed, "here is the bone I swallowed."

The fact that he had swallowed a bone had never been mentioned, or thought of, by any member of the family, since the day the accident occurred. It was evidently a piece of flat bone, having a pyramidal shape, two sides of the base being about one third of an inch in diameter, the other two sides one fourth of an inch. At the apex, the diameter was 1-4 inch, with sharp rough edges projecting from three corners. The length was about 1-3 of an inch.

After its expulsion, the cough entirely ceased.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 10, 1859.

MASSACHUSETTS GENERAL HOSPITAL.

FROM the Annual Report of this Institution, just printed, we learn that 1015 patients have been admitted during the last year, of whom 629 were males, and 386 females; being an increase over the two preceding years. The number discharged, well, was 514; 85 were much relieved, 144 were relieved, and 127 died. The number of cases of accident admitted was 186. The Report of the Physician to Outdoor Patients exhibits a large increase in the number of that class of patients over last year, being 2223, in place of 1574; a proof, if any were needed, of the benefits conferred upon the whole community by this Institution. In fact, this department of the Hospital performs the functions of a second Dispensary, all the more needed in this section of the city, so distant from the Central Office of that Institution.

Several changes have been made during the past year in the regula-

tions and arrangements of the Hospital, the most important of which is the appointment of a Resident Physician, and a Steward, who perform the duties hitherto discharged by a superintendent. The advantage of having a medical man always on the premises is obvious, and, we doubt not, the new arrangement will prove highly satisfactory. Under the efficient management of Dr. B. S. Shaw many useful reforms have been introduced, and the economy of the house has been greatly promoted.

Among the most interesting features of the Report, is the announcement of the reception of the valuable library of the late Dr. T. G. Treadwell, of Salem, which was bequeathed by him to the Hospital. It will be recollected that Dr. Treadwell left a large amount of property to Harvard College, on certain conditions, which, as we stated at the time, would render the acceptance of the trust by the College almost impossible; and, in fact, the Corporation declined receiving the legacy, which consequently reverted to the Hospital. The amount of this bequest is about \$40,000. The library was originally left to the Hospital, where it has been placed in a convenient room. It is an extremely valuable collection, containing, besides many rare and costly works, a very complete set of American and foreign journals. We regret that the conditions of the bequest required the most rigid rules and regulations to be imposed upon the use of the library, so that the great service which it might render to the profession of this city will be somewhat restricted.

The Resident Physician calls attention to the fact that notwithstanding the number of free patients was much larger than ever before, their average time has been essentially reduced, so that, by limiting their term of stay "to the period when they actually need medical or hygienic treatment, rather than retaining them for the purpose of affording them a comfortable home, the benefits of the Institution have been extended to a larger number than ever before enjoyed them." Owing to this reduction in the time of patients, the number admitted, large as it was, proved insufficient to raise the average number in the house at any one time to that of last year, so that accommodations might have been furnished to a considerably larger number.

This fact might seem of much significance in relation to the efforts which have been made of late for the establishment of a free City Hospital. How can such a hospital be needed, when there is already accommodation at the Massachusetts General Hospital for more than apply? The reason is, that the class of cases for which a City Hospital is especially needed, is different from that which ought to seek relief in the present one. As a general rule, chronic cases, except when susceptible of cure, or of very decided and permanent relief, are refused at the Massachusetts General Hospital, in order that the limited accommodations may be extended to such patients as can be especially benefited by hospital treatment. It is true, that during the past year, the house would have accommodated more than it actually contained; but it must be remembered that the past year was an unusually healthy one, and this excess of accommodation is not likely to occur again. But, on the other hand, a hospital where the poor can go to die, where they can be received, suffering from no matter what disease, where no questions will be asked, is very much needed. It will scarcely be believed that in Boston we have no lying-in hospital. Those women who are obliged to resort to such a shelter must go to

the Deer Island or Rainsford Island Hospital, where they will associate with paupers and criminals.

An effort has been made, within a year or two, to supply in an humble way this deficiency. A hospital with twelve beds, for incurable women, has been wholly supported by voluntary contributions, in Channing street, Drs. C. D. Homans and J. N. Borland having volunteered their professional services in its behalf. This institution, which, we believe, owed its origin to the efforts of a benevolent woman in humble life, Harriet Ryan, is now greatly in want of money to carry it on, and a fair is to be held at the Music Hall on Tuesday, the 22d inst., the profits of which will be given for its support. We trust the community will encourage liberally this useful and benevolent undertaking.

Dr. Tyler, the Superintendent of the McLean Asylum for the Insane (a department of this Hospital), reports that the number of patients is 186, of whom 87 are males and 91 females. During the past year 155 have been admitted, and 147 have been discharged, of whom 72 were recovered, 17 were "much improved," 12 were "improved," 15 were not improved, 6 were not treated, and 9 died. Dr. Tyler thinks that the commercial disasters, and the extraordinary religious excitement, which have prevailed of late, have been the cause of a large proportion of the mental diseases of the past year or two. At the same time, he states that the total amount of insanity has not increased, but, on the contrary, rather diminished during this period; since, "while the agencies referred to have, in some instances, *produced* insanity, they have, undoubtedly, often *prevented* its occurrence. They have pre-occupied the public mind, and entirely supplanted other influences of a lower, but more dangerous character, which had been rife in the community."

We believe there are few institutions in the world that are better managed, that are more successful in the results of treatment, that are more useful to the community in which they are situated, or more worthy of the support of the benevolent, than the Massachusetts General Hospital.

"THE WOMAN WHO LIVES WITHOUT EATING."

UNDER this caption, we to-day publish an article furnished by a highly respectable physician of the State of New York; but take occasion to give our opinion as to certain of the statements, in the truth of which we have no confidence whatever. We must not be understood as impugning the veracity of the reporter of the case; and, in respect to the phenomena which he personally observed, we would say that we do not doubt them at all. Such phenomena are not unusual, however, although in different cases there are various manifestations. It is only in regard to statements which were made to the reporter, that we demur—as all medical men do—or should—to the relations and *dicta* of friends and by-standers. Few, if any, reports on medical and surgical points are worthy of trust, unless furnished by a physician or surgeon who has seen everything of which he writes or speaks. Now, Dr. Whiting was not present with this patient for the entire "two years" during which, he informs us in his paper, "she has had no dejections from the bowels, nor any secretion of urine;" and he ought to know that this assertion implies a physical impossibility, and is an absurdity. Nor is it any more within the bounds of belief, that "for the space of

two years from last June, she [the patient] has not taken any food of any kind or description;" nor that she has swallowed any liquids for two years from this last February. We repeat, neither of these assertions are at all credible, nor are such things even possible. It is only a day or two since we read, with great interest, in the *London Lancet*, an account, very ably drawn up, explaining the astounding phenomena manifested by a young girl laboring under the severest and most melancholy form of hysteria. The ingenuity displayed by this patient in deceiving those who closely watched her in order to detect her in taking food and drinks, and in urinating, all which, *seemingly*, she did not do—was perfectly marvellous; yet finally she was caught, at midnight, in the act of eating; and linen recently soaked in urine was found in a closet near at hand, but not previously examined. This account may be read in a recent number of the *Lancet*, under the caption, "The Dead Alive."

Thus, our correspondent will see—and we conclude he has long known—that apparently inscrutable mystery, in this class of cases, is often at last unravelled; although only after tedious and untiring efforts. We fearlessly express our belief that such *espionage*, properly established and duly maintained over the patient *he visited only once*, would reveal enough to make him change his present inclination "to call it no fraud." Hysteria gives rise to a wonderful series of performances; and we are ready to credit almost anything but the grave averment that a human being can exist two whole years without taking a particle of food or of drinks, and without having any fecal discharge or renal secretion and flow. The one set of phenomena, it is true, have such a dependence upon the other, that *if the first be proved*, the second—so far at least as the fecal evacuation is concerned—might be considered a sequence. But, *prove the first!*

CLINICS.—THE NEW YORK MEDICAL PRESS.

THE *New York Medical Press*, in its issue of the 19th ult., refers to us as saying that while we admit and approve of the "colloquial" style of conducting clinical instruction, we are opposed to the *publication* of the colloquies. We hold, that to say a clinic could be conducted in other than colloquial style, would be to say there must be no talking—no questions asked and of course no answers given, all which being absurd, we will not enlarge upon the point. The *Press* knows very well what we intended by our previous remarks upon clinics as reported in its pages, especially "jocose clinics," and it is mere quibbling to reply as it has. We never objected to the publication of proper clinical conversation, but only to that bespattering of the pages of a medical journal, which either reminds one of the record of proceedings at a political caucus, or else, giving every irrelevant and relevant word—no matter whether the latter be essential or not—shows up the manager of the clinic and his patients in a way that is not only out of taste, but absolutely improper—not to say, at times, indecent. Nor do we like any better that false, *ad captandum* style of small-talk between the Professor or clinical teacher and his patients, with which we have several times been regaled in the pages of the *Press*. Lately, we remark an absence of this vicious element: "*Ohe! jam satia*," etc.

We are grateful to our New York brethren for their gratuitous advice how to secure "many and satisfied readers." They say we must fill our pages "with practical bed-side facts." We are willing that

our readers should judge for themselves as to the number and value of the practical facts we furnish—both “bed-side” and other. As to their being satisfied, we shall not emit so positive opinions as do the Editors of the *Press* when speaking of themselves; but as to numbers, we may say that we hold our own.

We may add, that no slurs about “old-fogyism” or “prosy articles” will ever induce us to adopt a slang style, or to parade wit and “laughter” in unsuitable places.

When a journal, in the days of its neophyte condition, is obliged to spend so much of its breath in blowing its own laudatory trumpet, it gives all those who hear the blast the idea of its insecurity, and makes them fear that the exertion will be too much for its youth and inexperience.

RHODE ISLAND MEDICAL SOCIETY.

Wednesday, Feb. 15th, the members of the Rhode Island Medical Society held their Semi-annual Meeting at the Court House in East Greenwich. Notwithstanding the unfavorable weather, the attendance was unusually good.

After the appointment of delegates to the National Convention and the transaction of the general business of the Society, a sketch of the life of Solomon Drown, a communication, was read, being one of a series of biographical papers prepared to the memory of distinguished Rhode Island physicians. The Society then listened to the address of Dr. George A. Pierce, who very ably presented to the consideration of the members some new and ingenious views which have recently been advanced on the subject of syphilis.

At 2 o'clock, the Society met at the residence of the President, Dr. J. H. Eldredge, whose tables, furnished with admirable taste, were eloquent reminders of “our inner wants.” Rarely have we seen hospitalities more elegantly offered—seldom more graciously received. If the morning was offered to the physician, the afternoon was given to the man, to the cultivation of those generous sentiments, those larger sympathies which no where spring up and blossom with greater freshness and beauty than at the table.

We cannot but congratulate the members on the success of their re-union, feeling sure that so long as the harmony and good fellowship of this occasion continues, the interests of the Society shall know no detriment.

E. A. C.

“*Impudent Fraud.*”—“*Dr. Mattison.*”—We have just received a note from Dr. James H. Eldredge, of East Greenwich, R. I., in which he emphatically repudiates any voluntary connection with the advertisement of Mattison. Dr. Eldredge’s signature to the certificate “was obtained by fraudulent means some ten years ago.” At that time Mattison was reputed to be an honest and respectable practitioner—the complete antipodes, at all events, of what he is at present. In defiance of all remonstrance, he persists in using the names of highly respectable physicians, to advance his own ends. We trust the profession and the public will take note of the facts we have thus exposed.

PALMER'S ARTIFICIAL LEG.

MESSRS. EDITORS.—In your JOURNAL of the 17th ult., a letter appears over the signature of "D. DeForrest Douglass," in which the writer, instead of stating facts, indulges to such length in tissues of falsehood and dishonest insinuations, that we are called upon to reply to a few of the most palpable of them. Aware of the fact that this individual may count as gain any mention of his name in so respectable a JOURNAL, we beg leave to state that no *direct* attack by him could have extorted a reply; but the wanton thrust at our reputation and the inventions of Mr. Palmer, through the *Eclectic College Journal*, seemed to demand a parrying blow. That was given, and hence the repeated insult which this assailant gladly adds to injury. This D. DeForrest Douglass states that he was for "four years" our foreman by our "urgent request and unanimous consent." He intimates (but does not say it) that "all the most difficult cases" were entrusted to him—he being the only competent artizan in our employ. These falsehoods and intimations are worthy of the author of them, and we need only to introduce here a short letter from Peter Hubbell, Esq., President of the Monument Bank, Charlestown, to teach this self-appointed "foreman" a valuable lesson, which is the *alpha*, but not the *omega* of the tuition he has evoked, as our patients are quite ready to volunteer as many similar statements as he will be willing to read. But the single letter of a gentleman so well known as Mr. Hubbell, and who bears no ill will to our assailant, will suffice for the present.

Monument Bank, Charlestown, Feb. 25, 1859.

MESSRS. PALMER & Co.,—Gents: I notice in the *College Journal*, Cincinnati, the statement that Mr. Douglass was for several years the *best* workman of Palmer & Co. Having had some experience in using various forms of artificial legs, I have thought it best just to state that I have worn limbs of your manufacture for eleven years, and that they have been fitted by different persons in your employ with various *degrees* of success. Mr. Douglass fitted and adjusted (under your general direction) my limbs for several years, but since his absence from your shop, another of your artizans, now in your Boston House, has fitted a new leg for me, which gives *greater ease and comfort* than any I have ever before worn, and which I regard as most perfect, and *entirely* satisfactory.

I am induced to make this statement (which is quite at your disposal) solely for the benefit of the unfortunate, who should possess nothing less than the aid and comfort your *unequalled* artificial limb can alone afford.

Very respectfully yours,

P. HUBBELL.

This "D. DeForrest Douglass" states that a great many wearing the Palmer leg are requiring repairs. We have made about *three thousand* limbs, which (though some of them were made in the year 1846) are *now in use*, and we opine that when this individual has made as many of his *tenon and mortice* legs as we have made *hundreds* of *Palmer legs*, his experience will have proved so valuable that he will understand why so many Palmer legs need repairs as to keep him from executing new orders! We can cite numerous instances in which our limbs have been worn for five years without any repairs, and with entire satisfaction, but we are not certain that any of them were made by this great "foreman" in whom we "took no small pride."

Perhaps it would trouble the editor of the *Scalpel* to exceed the satirical facetiousness of the "Examiner of the Patent Office," who, notwithstanding *no patent had been granted* for this wonderful leg, and its durability had not been tested, declared that it was the most "*simple, durable and original*" leg that he had ever examined! The *Scalpel* would apply these three adjectives to the "*original*" *peg leg*, which we always thought was perfectly simple, incomparably durable, and supremely original.

Mr. Palmer, although he received *three separate patents*, did not have any such three words from the Examiner, who is not, we think, in the habit of saying so much except in cases so "*simple*" and "*original*" as not to allow of patents. This is really worthy of a place among the *facetiae* of "wooden-leg literature!" It is nearly as amusing as the statement that we "fire at arm's length, over the shoulder of another." Again, this D. De Forest Douglass is aggrieved because a jury of intelligent surgeons in Connecticut "could not answer" his mandate, when he challenged their "authority" for giving us a gold medal and giving him

nothing; and intimates that "they were unwilling to give an honest decision," because they were "our friends." This really is plain English. We can only suggest that this wonderful leg should be again and again shown beside ours, so that these jurors shall be compelled to do the "inventor" full justice.

We have not sent "circulars all over the country" or over any part of it, calling on people "not to patronize him," unless he accepts the term "charlatan, imitator, or pretender," which we did not apply to him. Mr. Richardson never saw the person this Douglass alludes to, in Worcester; but a patient there, was visited by Douglass, who took his measures. This patient became disgusted with his course, and came to us and paid \$150 for a leg. In reply to the insinuation that we went to him on four different occasions and "earnestly entreated" him to return to our employ, we have to say that Douglass left us, in wanton disregard of an express agreement with us, against which proceeding we went to him to remonstrate, as it left us minus a workman, for a time. He attempted to extort excessive pay, but failing in this, he offered to return for the wages he was having at the time he left, and for many months he pursued us with that view, even after we had refused to allow him to return unless he would do so at about *three fourths* of his former wages; and we finally prescribed such conditions on which he must return, if at all, that none but an honest man could accept and keep them—thus we dropped him. He asks, with characteristic disregard of fairness, why are our "six or eight workman" reduced to "two?" Instead of six or eight, we have had twenty men in constant employ; and now have need of several more. The "six or eight" alluded to, were only the "superior" ones. We have four in Boston, four in New York, and twelve in Philadelphia. The reader now has both sides of the case in full view, and, feeling much regret that there has arisen necessity for such an exposé, we remain

Very truly yours,

PALMER & Co.

Academy of Medicine—Deleterious Effects of Swill-Milk.—At the late regular meeting of the Academy of Medicine, a report was presented on behalf of the Committee to whom had been referred the matter of preparing a reply to Mayor TIEMANN'S inquiry as to the effect on the human system of the milk of swill-fed cows. The report was read by Dr. SAMUEL R. PERRY. Accompanying it was an elaborate statement of the investigations in reference to this subject, in which Dr. S. has been personally engaged for several months, and which he has pursued with great intelligence and assiduity. This statement shows that the condition in which swill-fed cows are kept gives undeniable evidence of the poisonous effects of their milk. Their stables, instead of giving forth the healthy aroma of country fed cattle, are pervaded by a sickening stench. The cows themselves are the victims of disease engendered by the food on which they live. Eighteen pounds of corn and a little straw given daily, is abundant to keep a cow in good flesh. But to obtain the same quantity of nutritive element from swill, 130 gallons of it must be taken daily; that is, 40 gallons to supply the nitrogen, 30 to supply the oleaginous matter, and 60 to supply the hydro-carbonate. In taking so much swill a cow will consume daily one quart of vinegar. In the course of the Doctor's experiments he found that this milk gave a strong acid reaction; and, from a series of results derived from personal observation, he had discovered that the milk of unhealthy women, living in damp cellars and eating bad food, or habitually intemperate, exhibited the same characteristic. Having thus established *prima facie* his case against swill-milk, the Doctor proceeded to furnish instances in which young children, born of healthy parents and healthy when born, or brought in a healthy condition from the country to the City, had incurred disease by the use of swill-milk and recovered when it was withheld from them. He exhibited numerous analyses of different kinds of milk and various microscopic drawings of swill-milk, showing in every case *conferves* and *sporads*. These were examined with much interest. The Academy resolved to send an engrossed copy of the report to Mayor TIEMANN, and return a vote of thanks to the Committee, who were then discharged.—*N. Y. Times*.

THE publication of the New Hampshire Journal of Medicine, as we learn from the last number of the New York *American Medical Monthly*, is to be discontinued hereafter.

American Medical Association.—The twelfth annual meeting of this Association will be held in Louisville, Ky., on Tuesday, May 3d, 1859. The secretaries of all societies, and other bodies entitled to representation in the Association, are requested to forward to the Secretary, S. W. Bemiss, at Louisville, correct lists of their delegations, so soon as they may be appointed.

The convention of teachers, invoked by a resolution of the National Association, for the purpose of a general conference upon the best means of elevating the standard of medical education in this country, will meet in the same city on Monday, May 2d.

Medical journals throughout the United are requested to insert the above.

S. M. BEMISS, *Secretary Am. Med. Association.*

Deaths in Charleston, S. C.—During the month of December last, the deaths in Charleston, according to the Report of the City Registrar, Dr. Dawson, in the *Charleston Medical Journal*, were—whites, 40; blacks and colored, 38: while in the succeeding month of January they are reported as—whites, 20; blacks and colored, 70. The deaths by consumption in December were 5 in each of the two classes; in January, among the whites, 3; blacks and colored, 8. In the former month the deaths under 5 years were 6 in the first-named class, and none over 80 years; in the last named, 11 under 5 years, and 3 over 80 years. In January, 4 deaths under 5 years among the whites, and none over 70 years; among the blacks and colored, 28 under 5 years and 11 over 70 years.

The New York Dispensary.—From the Sixty-ninth Annual Report of the New York Dispensary, it appears that during the year ending Dec. 31, there were 32,713 patients attended at the Dispensary; and at their homes, 6,449. There were 5,004 cupping and dentistry patients, and 2,816 persons were vaccinated, making a total of patients treated of 47,032. The expenses during the year, including the salaries, medicines, and repairs, amounted to \$5,802 79, to which is to be added the balance, \$508 51, on the druggist's bill, still unpaid, and leaving in the treasury a balance of only \$23 19.—*New York Times.*

At the Annual Commencement of the Medical Department of the University of New York, the degree of Doctor of Medicine was conferred on 128 students, of whom 65 were from the Northern States and 63 from the Southern. Professor Draper delivered the valedictory. The Mott and Metcalfe prizes were awarded, and, by an innovation, courteously allowed by the Department.—*Idem.*

Croton Oil as an Epispastic.—M. Von Bastelaer, of the Antwerp Military Hospital, has contrived the following formula:—Recent lard 22, white wax 2, and croton oil 6 parts by weight. Melt the wax and lard by a gentle heat, and rub up in a heated mortar until the mass becomes cool, and then mix in the oil intimately. This pomade proves very useful when the influence of cantharides upon the urinary passages is feared.—*Bulletin de Thérapeutique.*

DR. SANFORD EASTMAN has been appointed Professor of Anatomy, and Dr. Austin Flint, Jr., Professor of Physiology and Microscopic Anatomy, in the Medical Department of the University of Buffalo.—Dr. John Forsyth Meigs has been elected one of the physicians to the Pennsylvania Hospital, in place of Dr. W. Pepper, resigned.

THE Dental College of Philadelphia held its annual commencement on the 1st instant, when twenty-five young gentlemen received the degree of Doctor in Dental Science.—D.D.S.

DIED.—At Springfield, 28th ult., Dr. William Tully, 73.—At Batavia, N. Y., Dr. John Coles.

Deaths in Boston for the week ending Saturday noon, March 5th, 73. Males, 51—Females, 43.—Accident, 1—apoplexy, 2—anaemia, 1—inflammation of the brain, 3—congestion of the brain, 2—consumption, 15—convulsions, 2—croup, 3—dyspepsia, 2—dropsy, 3—dropsy in the head, 3—drowned, 1—debility, 3—infantile diseases, 3—erysipelas, 1—bilious fever, 1—scarlet fever, 6—disease of the heart, 3—hemorrhage (rupture of bloodvessel), 1—hernia (strangulated), 1—inflammation of the lungs, 2—congestion of the lungs, 3—laryngitis, 1—marasmus, 3—old age, 3—palsy, 1—pleurisy, 1—sore throat, 1—teething, 1—unknown, 1.

Under 5 years, 23—between 5 and 20 years, 7—between 20 and 40 years, 15—between 40 and 60 years, 10—above 60 years, 13. Born in the United States, 43—Ireland, 22—other places, 3.